

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2016
NAME OF PROVIDER OR SUPPLIER MORTON TERRACE H & R CENTRE		STREET ADDRESS, CITY, STATE, ZIP CODE 191 EAST QUEENWOOD ROAD MORTON, IL 61550		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation</p> <p>300.610 a) 300.1035 a) 300.1035 2)3)4)5 300.1210 d)2 300.3220 f) 300.3240 a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life sustaining treatment. 2) the implementation of physician orders limiting resuscitation such as those commonly referred to as "do-not-resuscitate" orders. This policy may only prescribe the format, method of documentation and duration of any physician orders limiting resuscitation. Any orders under this policy shall be honored by the facility.</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/06/16

STATE FORM

0899

JNEJ11

If continuation sheet 1 of 8

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>(Section 2-104.2 of the Act);</p> <p>3) procedures for providing life-sustaining treatments available to residents at the facility;</p> <p>4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;</p> <p>5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p>	S9999		

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S9999	Continued From page 2 Based on record review and interview, the facility failed to ensure resident requests for Advance Directives regarding Cardiopulmonary Resuscitation (CPR) were accurately incorporated into residents' medical record and physicians' order for two of 22 residents (R18 and R10) reviewed for Advance Directives in the sample of 22, and for three residents (R28, R29, and R30) in the supplemental sample. This failure has the potential for identified residents to have their advanced directives not followed according to their wishes. This failure resulted in an Immediate Jeopardy. While the immediacy was removed on 4/15/16, the facility remains out of compliance at severity level two as the facility continues to monitor the effectiveness of training regarding staff knowledge regarding Advance Directives and the continued effort of staff to update all residents' Advance Directives. Findings Include: The Facility's Advance Directives Policy (revised 3/2016) documents "Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record" and "Changes or revocations of a directive must be submitted in writing to the Administrator. The Administrator may require new documentation if changes are extensive. The Care Plan Team will be informed of such changes and/or revocations so that appropriate changes can be made in the resident assessment and care plan."	S9999		

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S9999	<p>Continued From page 3</p> <p>The facility's Emergency Procedure-Cardiopulmonary Resuscitation Policy (revised April 2011) documents "If an individual (residents, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS (Basic Life Support) shall initiate CPR unless: a) It is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual."</p> <p>1. R18's Physician Order Sheet (POS) dated 4/2016 document "CODE STATUS-DO NOT RESUSCITATE" R18's Physician Orders dated 1/7/16 document R18 was admitted to Hospice care, and a Do Not Resuscitate (DNR) order. R18's Physician Orders for Life Sustaining Treatment (POLST) dated 2/25/14 and signed by R18 and Z1 Primary Care Physician, documents conflicting information than R18's POS: "Attempt Resuscitation/CPR, Intubation and Mechanical Ventilation, and long term artificial nutrition by tube." R18's POLST document was located in the front of R18's medical record.</p> <p>On 4/12/16 at 1:57pm, E2, Director of Nursing (DON), stated R18 returned to the facility from the hospital on 1/7/16 and had orders for Hospice care and a DNR order. E2 stated R18's DNR order was correctly entered into R18's Physician Orders, and that Nursing staff or Social Service staff should have changed R18's POLST document. E2 also stated R18's code status should have been discussed at R18's Care Plan meeting, but a Care Plan meeting for R18 has not been held since R18's return from the hospital.</p> <p>On 4/13/16 at 11:20am, E7, Licensed Practical Nurse (LPN), stated if a resident had a</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MORTON TERRACE H & R CENTRE

**191 EAST QUEENWOOD ROAD
MORTON, IL 61550**

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S9999	<p>Continued From page 4</p> <p>cardiopulmonary arrest (E7) would look at the resident's POLST document on the front of the resident's chart (medical record), and then proceed with CPR if indicated. E7 stated (E7) would not look anywhere else in the chart for a code status. E7 stated (E7) would follow the same procedure whether or not the resident was on Hospice care.</p> <p>On 4/13/16 at 10:30am, E8, LPN, stated in case of cardiopulmonary arrest, (E8) would check the resident's POLST document on the front of the resident's chart and proceed according to the directive on the POLST.</p> <p>On 4/13/16 at 2:37pm, E3, Registered Nurse (RN) and Assistant Director of Nursing, stated the procedure to follow in the event of cardiopulmonary arrest is to first check the resident's code status on the POLST document on the front of the resident's chart, and proceed as the POLST directs. E3 stated when a resident is admitted from the hospital, the nurse taking report asks the resident's code status and then is supposed to call the Social Service Director who completes the paperwork, talks with the resident and family, and sends the POLST form to the Primary Care Physician for signature.</p> <p>On 4/13/16 at 11:34am, E2, DON, stated in the event of cardiopulmonary arrest, the facility policy is that the nurse will first check the resident's code status by checking the POLST and then follow the directive documented on the POLST.</p> <p>On 4/13/16 at 12:30pm, E1, Administrator, stated (E1) did not receive notification of R18's change of advance directive. E1 stated if (E1) would have received notification, (E1) would have notified E2, DON, and E9, Social Service Director.</p>	S9999		

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S9999	Continued From page 5 On 4/12/16 at 1:35pm, E9, Social Service Director, confirmed R18's POLST was signed and dated 2/25/14 and the advance directive R18 selected was "Attempt Resuscitation/CPR, Intubation and Mechanical Ventilation, and long term artificial nutrition by tube." E9 stated (E9) was unaware that R18's code status had changed. 2. R10's POS dated 4/2016 documents "CODE STATUS-DO NOT RESUSCITATE." R10's POLST form documents "Attempt Resuscitation, Full Treatment, long term medically administered nutrition, including feeding tubes," and was signed on 2/29/16 by R10. On 4/13/16 at 11:28am, E2, DON, stated "(R10) is a full code. It was changed on the POLST form on the date (R10) signed it (2/29/16). The telephone order was never written to change code status." 3. R28's POS dated 4/2016 documents "CODE STATUS-FULL CODE." R28's POLST form in the chart documents "Do Not Attempt Resuscitation" and was signed by Z2, Guardian on 3/1/16. R28's admission orders dated 2/29/16 document "Full Code." On 4/14/16 at 1:42pm, E11, Medical Records, confirmed R28's POLST documents "Do Not Attempt Resuscitation" and POS documents "CODE STATUS-FULL CODE." 4. R29's POS dated 4/2016 documents "CODE STATUS-FULL CODE." R29's POLST form documents "Do Not Attempt Resuscitation" and was signed by R29 on 2/19/16. On 4/14/16 at 1:42pm, E11, Medical Records, confirmed R29's POLST documents "Do Not Attempt Resuscitation" and POS documents "CODE STATUS-FULL CODE."	S9999		

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S9999	<p>Continued From page 6</p> <p>5. R30's POS dated 12/8/15-4/2016 contains no code status. R30's POLST dated 1/26/16 documents "Do Not Attempt Resuscitation" and was signed by Z3, Power of Attorney, on 1/11/16. On 4/14/16 at 1:42pm, E11, Medical Records, confirmed R30's POLST documents "Do Not Attempt Resuscitation" and POS dated 2/2016-4/2016 document no code status.</p> <p>On 4/15/16 at 3:25pm, an Immediate Jeopardy was identified to have begun on 1/7/16 when facility staff failed to incorporate R18's Do Not Resuscitate (DNR) order onto R18's POLST form. E1, Administrator, was notified of the Immediate Jeopardy on 4/15/16 at 3:51pm. The surveyor confirmed through interview and record review that the facility took the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. R2, R9, R10, R18, and R28-R30's medical records were corrected to document residents' wishes and Physician Orders regarding Advance directives. 2. All residents' medical records were audited for consistency with Physician Orders and residents' POLST form. Social Service began the advanced directive care planning process for residents who do not have a POLST. 3. On 4/15/16 all licensed nurses on duty were educated on the updated policy and procedure regarding advance directives and the systems used to identify code status and obtaining orders for code status. Social Service was educated on the updated policy and procedure related to advanced directives, review of the POLST forms, and determining resident and responsible party wishes and the process for following through with nursing to obtain orders. 4. Advance directive policy was revised to provide direction to licensed nursing staff as to where to locate advance directives in the clinical record. 	S9999		

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S9999	Continued From page 7 Policy updated to inform licensed nursing staff of the use of a green placard in the place of a POLST form in the event that advance directives decision has not been made. (A)	S9999		

**IMPOSED PLAN OF CORRECTION
MORTON TERRACE H & R CENTRE
191 East Queenwood Road
Morton, IL 61550
Annual Health Survey exit April 19, 2016**

300.610 a)
300.1035 a)
300.1035 2)3)4)5
300.1210 d)2
300.3220 f)
300.3240 a)

Section 300.610 Resident Care Policies

- a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility.

Section 300.1035 Life-Sustaining Treatments

- a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment.
 - 2) *the implementation of physician orders limiting resuscitation such as those commonly referred to as "do-not-resuscitate" orders. This policy may only prescribe the format, method of documentation and duration of any physician orders limiting resuscitation. Any orders under this policy shall be honored by the facility (section 2-104.2 of the Act);*
 - 3) procedures for providing life-sustaining treatments available to residents at the facility;
 - 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;

- 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.

Section 300.1210 General Requirements for Nursing and Personal Care

- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
- 2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.3220 Medical Care

- f) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders*

Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

This will be accomplished by:

- I. The facility will have a plan in place to ensure all telephone orders, written physician orders, or any changes there to reflect accurate Advanced Directives for all residents. Any changes will be reflected on the residents chart to match physician orders. All Do Not Resuscitate (DNR) orders will be signed by the physician and honored according to the resident's Advanced Directive.
- II. All staff will be in serviced on the facility's policy and procedure regarding Advanced Directives, including but not limited to, responsible staff member and/or designee responsible for changes in the Advanced Directives, physician orders, and where to immediately find resident Advanced Directives.
- III. The Administrator, DON, and Social Services designee will audit all resident's charts to ensure that all residents have the right to formulate advanced directives and all medical records reflect the resident's wishes and Physician Orders regarding Advanced Directives. Any physician order changes and new admissions will be reviewed by the facility DON and/or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders (Advanced Directives). This process will be audited at least weekly for six (6) weeks, then monthly times three (3) months, and then quarterly and on an as needed basis in the Quality Assurance

meetings. Audits with negative outcomes will result in further education for staff involved and/or possible disciplinary action.

- IV. Documentation of in-service training will be maintained by the facility.
- V. The Administrator, Director of Nurses, Social Services designee and Quality Assurance Committee will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Seven (7) days from receipt of this Imposed Plan of Correction.